

**Massachusetts Department of Public Health
Drug Analysis Laboratory
Boston, MA.**

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Pharmaceutical Analysis Form

LAB #: _____ AGENCY: _____ ANALYST: _____

No. of samples tested: _____ Evidence Gross Wt.: _____

PHYSICAL DESCRIPTION: _____ Gross Wt (): _____

Net. Wt: _____

TESTS

OTHER TESTS

Count: _____

Ballistic ID: _____

Reference ID: _____

Reference ID: _____

TEST RESULTS

CONFIRMATORY TEST RESULTS
(if applicable)

RESULTS: _____

RESULTS: _____

DATE: _____

DATE: _____

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Boston, MA.**

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Marijuana/Cannabis Analysis Form

LAB #: _____ AGENCY: _____ ANALYST: _____

No. of samples tested: _____ Evidence Gross Wt.: _____

PHYSICAL DESCRIPTION:

Gross Wt (): _____

Gross Wt (): _____

Pkg. Wt: _____

Net Wt: _____

TESTS

OTHER TESTS

Macroscopic: _____

Microscopic: _____

Duquenois Levine: _____

GC: _____

TEST RESULTS

CONFIRMATORY TEST RESULTS
(if applicable)

RESULTS: _____

RESULTS: _____

DATE: _____

DATE: _____

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Boston, MA.

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Drug Analysis Form

LAB #: _____ AGENCY: _____ ANALYST: _____

No. of samples tested: _____ Evidence Gross Wt.: _____

PHYSICAL DESCRIPTION: _____
Gross Wt (): _____
Gross Wt (): _____
Pkg. Wt: _____
Net Wt: _____

PRELIMINARY TESTS

Color Tests

Cobalt Thiocyanate: _____ Acid: _____

Microcrystalline Tests

Gold Chloride: _____

Marquis: _____

TLTA: _____ Acid: _____

Froehde's: _____

OTHER TESTS

Mecke's: _____

TEST RESULTS

RESULTS: _____

DATE: _____

CONFIRMATORY TEST RESULTS
(if applicable)

RESULTS: _____

DATE: _____

SEQUENCE FILE: _____

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Lab#: _____

No. of samples tested: _____

#	Gross Weight	Package Weight	Net Weight	#	Gross Weight	Package Weight	Net Weight
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Calculations: